

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/869388

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/												
2		/					51						
3	/						52						
4		/					53						
5		/					54						
6		/					55						
7		/					56						
8		/					57						
9		/					58						
10		/					59						
11		/					60						
12		/					61						
13	/						62						
14		/					63						
15	/						64						
16	/						65						
17							66						
18							67						
19							68						
20							69						
21							70						
22							71						
23							72						
24							73						
25							74						
26							75						
27							76						
28							77						
29							78						
30							79						
31							80						
32							81						
33							82						
34							83						
35							84						
36							85						
37							86						
38							87						
39							88						
40							89						
41							90						
42							91						
43							92						
44							93						
45							94						
46							95						
47							96						
48							97						
49							98						
50							99						
TOTAL IND.	5						TOTAL IND.						
TOTAL DEP.	11						TOTAL DEP.						
TOTAL CLAIMS	16						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS